

## HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner 1294 Centre Street Newton, MA 02459-1544

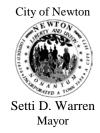


Telephone 617.796.1420 Fax 617.552.7063

updated 2/11

## APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

IVAIVIL OI LSTADLISTIMENT.	TEL#	DATE:
BUSINESS ADDRESS:		
TYPE OF ESTABLISHMENT:(Restaurant, Mar MAILING ADDRESS: (IF DIFFERENT)	ket, Caterer*, Mobile, Baker	y, Nursing Home, etc.)
NAME OF APPLICANT:	TITLE	TEL #
NAME OF OWNER (IF DIFFERENT FROM APPLICANT) _		
ADDRESS OF OWNER (IF DIFFERENT FROM APPLICANT	Γ)	
EMAIL ADDRESS OF OWNER		
NAME, TITLE, HOME ADDRESS OF PARTNERS OR OFFIC	CERS:	
EMERGENCY CONTACT:	24 HOUR TELEPH	IONE #
PERSON TRAINED IN ANTI-CHOKING PROCEDURES (25	SEATS OR MORE):	YESNO
** O CHECK HERE IF APPLYING FOR LICENSE TO SI	ELL MILK	
PURSUANT TO M.G.L. CH. 62C, SEC. 49A I CERTIFY UND KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TA UNDER LAW.		
PLEASE SUBMIT A COPY OF <b>CERTIFIED FOOD MANA (APPLICATION.</b> APPLICATION MUST BE FULLY COMPL LICENSE WILL BE MAILED DIRECTLY TO ESTABLISHMEN	ETED WITH FEE PAYABI	
FOOD ESTABLISHMENT FEE ENCLOSED:	<del></del>	
*\$ 10.00 MILK LICENSE FEE:		AAL IDENTIFICATION #
TOTAL ENCLOSED:	CIONATURE OF	INDIVIDUAL CORP/OFFICER



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## FOOD ESTABLISHMENT GUIDELINES

To obtain your permit to operate a Food Service Establishment or Retail Food Establishment, you must submit:

- A completed application (enclosed)
- A Copy of your Certified Food Management Training Certificate (for risk categories 2 5 only)
- Permit fee as indicated on the application label or as discussed with health inspector.
- You must notify the Health Department if you have changed or intend to change any procedures such as smoking of foods, vacuum packaging, or serving raw or undercooked items. You must submit proper plans and information to the Health and Human Services Department before undertaking any changes.

Food Service Establishments with 25 or more seats are required to have an employee trained in Anti-Choking Procedures.

\* A caterer is anyone who prepares, and *serves* food at a location other than the one listed on their permit, or prepares, transports and *serves* food at another location.

Fees are based on risk categories we have assigned to each establishment. If you have any questions, please call the Health and Human Services Department at 617-796-1420. Fee schedule is listed below.

Risk Category 1	\$50.00
Risk Category 2	\$150.00
Risk Category 3	\$250.00
Risk Category 4A (restaurant)	\$300.00
Risk Category 4B (retail)	\$400.00
Risk Category 5 (food processing)	\$400.00

John McNally, R.S. Senior Sanitary Inspector

**Enclosure:** 

MAKE CHECK PAYABLE TO CITY OF NEWTON

THE HEALTH AND HUMAN SERVICES DEPARTMENT IS OPEN ON TUESDAY EVENINGS UNTIL 8 PM